

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90467 023 ***150.00

DOCUMENT # P99000079079

1. Entity Name
MIRAGE OF ISLAMORADA, INC.

Principal Place of Business

~~86745 OVERSEAS HWY~~
~~ISLAMORADA FL 33036~~

Mailing Address

87200 OVERSEAS HWY
~~***~~ #T6
 ISLAMORADA FL 33036



2. Principal Place of Business

82775 OVERSEAS Hwy.
 Suite, Apt. #, etc.
 ISLAMORADA, FL.
 City & State

3. Mailing Address

87200 OVERSEAS Hwy
 Suite, Apt. #, etc.
 # T6
 City & State
 ISLAMORADA FL.

DO NOT WRITE IN THIS SPACE

Zip
 33036

Country
 USA

Zip
 33036

Country
 USA

4. FEI Number 65-0948089 **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, MARGARET H
 87200 OVERSEAS HWY
~~***~~ #T6
 ISLAMORADA FL 33036

NEW UNIT
 NUMBER IS
 THE ONLY CHANGE

7. Name and Address of New Registered Agent

Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Margaret Hirsch Morris **DATE** 4/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	HIRSCH, KURT	
STREET ADDRESS	RR8 BOX 8655A	
CITY-ST-ZIP	MOSCOW PA 18444	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRIS, KEVIN M	
STREET ADDRESS	87200 OVERSEAS HWY *** #T6	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	P	<input type="checkbox"/> Delete
NAME	HIRSCH-MORRIS, MARGARET	
STREET ADDRESS	87200 OVERSEAS HWY *** #T6	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret H. Morris **DATE** 4/28/02 **Daytime Phone #** 3055179200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)